

REQUEST FOR PUBLIC RECORD

Date: □ Copy □ View Name: Address: City: State: Zip: **Telephone:** Name of Public Record Requesting: **Date of Public Record Requesting: Information Provided to Requester:** # of Copies Made: _____ 8 ½ x 11 _____ 8 ½ x 14 ____ 11x17 ____ CD ____ Other **Copying Costs: Mailing Costs:** Total Charge for Copies and/or Mailing: \$_____ □ Money Order #____ □ Check #____ Paid by: □ Cash Request Completed By: Date: _____